CLAIM	AS FILE	D - PART	!		SMALL E			749	R THAN
	(Colu	mn 1)	(Column 2)		TYPE [OR		ENTITY
OTAL CLAIMS			•		RATE	FEE	7	RATE	FEE
OR .	NUMB	er fled	NUMBER EX	TRA	BASIC FEE	365.00	OR	BASIC FE	710.00
OTAL CHARGEABLE CLAIN	is]:]	minus 20=	. 0		X\$ 9=		OR	X\$18=	2 10 AV
DEPENDENT CLAIMS	4	minus 3 =	1		- X40=	40.0	1		1 1/2 (8)
ULTIPLE DEPENDENT CLA	M PRESENT		[405	70.	1		
f the difference in column	1 ie lees then	zero, enter	r "O" in column	12	+135-	25	OR	+270-	
CLAIMS A			1:	1/1/	TOTAL	395	OR	TOTAL	
(Column	1)	(Colum		mn 3	ammer	ENTITY	OR	SMALL	
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Independent • 3	Minus	*** 5	3 - 6		X40=		OR	X80=	
PIRST PRESENTATION OF			2 + X				OR		
70.5043			2 + X		X40= +135=		OFI	+270≈	·
PIRST PRESENTATION OF	MULTIPLE E	DEPENDENT	CLAIM [24	+135=		OR		•
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